

CITY OF POWAY

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**Backflow Prevention Assembly
Test Report**

Mailing Address

Meter #:

Last Test:

Size:

Device:

Account #:

Serial #:

Test Due:

Service Address

Address:

Company:

Contact:

Hazard:

	Reduced Pressure Principle Assembly			RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	VALVE <input type="checkbox"/> _____ PSID
Details				_____ PSID
Final Test	Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	_____ PSID
Comments			Line Pressure _____ Meter Reading _____ Held Backpressure _____ #2 Shutoff _____ Relief Valve Exercised _____	
The above report is certified to be true.				
	Date/Time	Tester	Signature	Tester #
Initial Test				
Repairs				
Final Test				
				Test Kit
				Passed
				Failed